

# **CICP Communicates**

# Colorado Indigent Care Program April 2009

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Colorado.gov/hcpf

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## **Annual Provider Meeting**

The CICP Annual Provider Meeting was held on March 6, 2009 at Denver Health Medical Center. There were 34 individuals who attended the meeting in person and 19 who attended via teleconference, representing 33 CICP providers in total. Department of Health Care Policy and Financing (Department) staff presented information on the budget for the current and upcoming state fiscal years, the Colorado Healthcare Affordability Act, and the FY 2007-08 CICP Annual Report, among other topics. Staff also discussed current policy discussions underway with the CICP Stakeholder Forum and provided information about the upcoming CICP Eligibility Training schedule. The meeting presentation and handouts are available on the Department's Web site at Colorado.gov/hcpf. Click Providers, then Colorado Indigent Care Program, and then Annual Reports and Presentations.

Thank you to all providers who participated, with additional thanks to Denver Health Medical Center for hosting the meeting.

#### Welcome Letter

The Department welcomes feedback from our providers on the CICP Welcome Letter. An updated draft is now on the Department's Web site for your review. Go to Colorado.gov/hcpf, click Providers on the top menu, then click Colorado Indigent Care Program on the left menu, and then click Stakeholder Forum.

Providers will not be required to utilize the Welcome Letter, but may wish to do so as it provides gentle reminders to CICP clients about their responsibilities and other information they may not remember once they leave their financial screening. Please send any comments to cicpcorrespondence@state.co.us by May 7, 2009.

# **New Ability to Pay Scale**

The annual update to the U.S. Department of Health and Human Services poverty guidelines was published in the Federal Register, establishing the new federal poverty level (FPL) effective April 1, 2009. The new CICP Ability-to-Pay Scale was posted on the Department's Web site, is included with this newsletter (see page 6) and will also be published in the upcoming FY 2009-10 CICP Manual. Providers should use this Ability-to-Pay Scale when determining a

Providers should use this Ability-to-Pay Scale when determining a CICP client's copayment rating as of April 1, 2009.

### **Updated Board Value Table**

The annual Board Value Table was updated effective April 1, 2009. The new Board Value Table was posted on the Department's Web site, is printed below and will be published in the upcoming FY 2009-10 CICP Manual. **Providers should use this Board Value Table when determining a CICP client's income under the in-kind earned income method as of April 1, 2009.** 

#### ANNUAL BOARD VALUE TABLE Effective April 1, 2009

Family Size	1	2	3	4	5	6	7	8			
	\$2,400	\$4,404	\$6,312	\$8,016	\$9,516	\$11,424	\$12,624	\$14,424			
For families larger than eight, add \$1,800 per year or \$150 each month per family member											

#### Old Age Pension (OAP) Health and Medical Care Program Clients

We have received questions regarding submitting charges for services provided to OAP Health and Medical Care Program (sometimes referred to as OAP State Only) recipients to the CICP when they are unwilling to complete a CICP application.

Claims submitted to the Department's fiscal agent for services provided to clients in the OAP Health and Medical Care Program are reimbursed at a reduced rate compared to claims for clients eligible for full Medicaid benefits. To receive Colorado Old Age Pension benefits these clients must be at or below 78.4% of the FPL and be lawfully present in the state. Their copayments are the same as for Medicaid clients and are capped at \$300 per calendar year. As noted under Section 3.02 of the FY 2008-09 CICP Provider Manual, Eligibility, individuals covered under the OAP Health and Medical Care Program are eligible for discounted health care services under the CICP.

The Department has determined that even if an OAP Health and Medical Care Program client does not wish to apply for discounted health care services under the CICP, providers may submit their write-off charges to the CICP. Write-off charges submitted to the CICP for OAP Health and Medical Care Program clients equal the provider's total charges, less payment from the Department's fiscal agent, less any copayment due from the client, less any other third party payments. Report these clients with a CICP rating of "N", unless an actual CICP rating is known. This policy is effective immediately and may be used to submit write-off charges for OAP Health and Medical Care Program clients for dates of service beginning this current state fiscal year, which began July 1, 2008.

Billing information should be submitted to the CICP in your regular quarterly and annual Summary Reports as detailed in the Data Collection section of the FY 2008-09 CICP Manual. Providers must retain the eligibility verification for the date of service from the Department's CMERS, FaxBack, or Web Portal systems along with billing records for audit purposes.

This policy is intended solely as a mechanism for CICP providers to submit legitimate write-off charges to the CICP for services provided to OAP Health and Medical Care Program clients. To be eligible for discounted services under the CICP with appeal rights, these clients must complete and sign a CICP application.

### **CICP Rating Effective Date**

We have received questions regarding back-dating a client's CICP rating more than 90 days before the date of application. Currently, under Section 2.01 of the FY 2008-09 CICP Manual, Eligibility, ratings are retroactive for services received up to 90 days prior to application, and CICP Providers may extend the deadline for special circumstances under a policy determined and set by the provider.

The Department has agreed that for applicants who have health insurance coverage, the 90 day time period begins the day the insurance has paid or denied the claim. For example, if a patient with insurance receives services on January 10 and the insurance carrier pays the claim on May 10, he or she can apply for CICP for the non-covered amount if the application is completed within 90 days of May 10. This policy is effective immediately and will be published in the upcoming FY 2009-10 CICP Manual.

#### **CICP Stakeholder Forum**

The CICP Stakeholder Forum will be held on May 1, 2009 from 1:30-5:00 p.m. in downtown Denver at 225 E 16<sup>th</sup> Avenue, 1<sup>st</sup> floor conference room. As always, a conference line will be available for those who can not attend the meeting in person and for CICP providers who want to listen in and provide feedback.

An agenda of the meeting is posted on the Department's Web site at Colorado.gov/hcpf. Click Providers on the top menu, then click Colorado Indigent Care Program on the left menu, and then click Stakeholder Forum. Previous agendas and notes can be selected by clicking appropriate links on the left menu.

Please RSVP your intent to attend the meeting in person or by teleconference by email at <a href="mailto:cicpcorrespondence@state.co.us">cicpcorrespondence@state.co.us</a>. Call the provider line at 303-866-2580 for more information.

# Follow-up from CICP Stakeholder Forum

As a result of ongoing discussions with the CICP Stakeholder Forum, the Department is performing an analysis of the entire copayment structure associated with the CICP. Our goal is to ensure that the copayment system for the program encourages provider participation, is administratively efficient, and maintains accessability to services for clients.

The Department has received copayment collection data elements from selected providers. The Department is also comparing CICP copayments with commercial health insurance copayment and reevaluating the feasibility of basing copayment caps on the client's eligibility date rather than the calendar year. The results of our analysis will be shared with CICP providers and the Stakeholder Forum. Subsequent actions, if any, will only occur with broad-based support from our stakeholders.

Additionally, in collaboration with the Stakeholder Forum, the Department is evaluating the expense income calculation in determining the applicant's CICP income.

### **CICP Provider Eligibility Trainings**

As the Department nears its new fiscal year, it's time again for the CICP Eligibility Trainings. These informational trainings are meant to help providers and staff understand the eligibility determination process, the client application, and changes to the CICP, as well as provide a question and answer session. **Please remember space may be limited and refreshments may not be available, so plan accordingly**. Each session is approximately three hours, depending on the nature and number of questions. The trainings will occur on the following dates and locations:

Limon Plains Medical Center	June 8, 2009	1:00 p.m. – 4:00 p.m.
Longmont- Longmont United Hospital	June 11, 2009	2:30 p.m. – 5:30 p.m.
Colorado Springs	Julie 11, 2009	2.30 p.m. – 3.30 p.m.
Penrose/St. Francis Hospital	June 16, 2009	9:00 a.m. – 1:00 p.m.
Pueblo Parkview Medical Center	June 17, 2009	9:00 a.m. – 1:00 p.m.
Alamosa Valley Wide Health System	June 18, 2009	9:00 a.m. – 1:00 p.m.
Fort Collins Poudre Valley Hospital	June 25, 2009	9:00 a.m. – 1:00 p.m.
Grand Junction St. Mary's Hospital	June 29, 2009	9:00 a.m. – 1:00 p.m. via Web-EX
Montrose Montrose Memorial Hospital	July 13, 2009	TBD

# **Frequently Asked Questions**

• Is a provider required to accept an application for CICP if the client has not been seen by the provider?

Answer: No. Providers do not have to do a CICP screening for someone who has not received or is not seeking health care services from that provider.

• Are college students allowed to participate in the CICP?

Answer: Yes. However, college students who are attending colleges/universities cannot use CICP to satisfy a college or university's mandatory health insurance requirement. Also, college students from outside Colorado or the United States who are in Colorado for the purpose of higher education are not eligible for CICP because these students are not Colorado residents. See Section 6.15 (c) in the FY 2008-09 CICP Manual, Eligibility.

• What course of action should the CICP provider follow when it is discovered they have received fraudulent information on the CICP application?

Answer: Section 9.06 of the FY 2008-09 CICP Manual, Eligibility, states that reporting fraud is the responsibility of the provider who completed the CICP application for the

implicated client. If a provider is notified that a client has possibly committed fraud on the CICP application, that provider is responsible for notifying the District Attorney of the client's county of residence, in writing. The provider should not turn over the CICP Application, medical records or billing records without a direct request from the District Attorney. The CICP application is the property of the State; however it is stored and maintained by the provider. The Department should be copied on all correspondence.

#### **General Reminders**

- A quick reminder to providers who have yet to submit their FY 2008 Provider Compliance Audit: please mail it to CICP Compliance Audit, 1570 Grant Street, Denver CO 80203-1818. If you have questions, contact Shirley Jones at 303-866-5506 or via email at shirley.jones@state.co.us.
- The CICP has a designated email address for all provider eligibility inquiries: <a href="mailto:cicpcorrespondence@state.co.us">cicpcorrespondence@state.co.us</a>. The purpose of the email address is to allow the Department to monitor emails and ensure that emails are responded to in a timely manner. In addition, it allows other staff members to respond to inquiries when the Eligibility Specialist is out.
- Please e-mail Karen Talley at <u>cicpcorrespondence@state.co.us</u>, with any relevant staff, phone number or address changes.
- Providers can access CICP information on the Department's Web site at Colorado.gov/hcpf.
   Click the CICP Provider icon, click CICP in gray on the left menu and select from the listed topics.

# **Safety Net Programs Staff**

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# COLORADO INDIGENT CARE PROGRAM ABILITY-TO-PAY SCALE

#### Effective April 1, 2009 - March 31, 2010 Annual Income Ranges for Each Ability-to-Pay Rate

Family Size	z	N	Α	В	С	D			
1	\$0 - \$4,332	\$0 - \$4,332	\$4,333 - \$6,715	\$6,716 - \$8,772	\$8,773 - \$10,830	\$10,831 - \$12,671			
2	\$0 - \$5,828	\$0 - \$5,828	\$5,829 - \$9,033	\$9,034 - \$11,802	\$11,803 - \$14,570	\$14,571 - \$17,047			
3	\$0 - \$7,324	\$0 - \$7,324	\$7,325 - \$11,352	\$11,353 - \$14,831	\$14,832 - \$18,310	\$18,311 - \$21,423			
4	\$0 - \$8,820	\$0 - \$8,820	\$8,821 - \$13,671	\$13,672 - \$17,861	\$17,862 - \$22,050	\$22,051 - \$25,799			
5	\$0 - \$10,316	\$0 - \$10,316	\$10,317 - \$15,990	\$15,991 - \$20,890	\$20,891 - \$25,790	\$25,791 - \$30,174			
6	\$0 - \$11,812	\$0 - \$11,812	\$11,813 - \$18,309	\$18,310 - \$23,919	\$23,920 - \$29,530	\$29,531 - \$34,550			
7	\$0 - \$13,308	\$0 - \$13,308	\$13,309 - \$20,627	\$20,628 - \$26,949	\$26,950 - \$33,270	\$33,271 - \$38,926			
8	\$0 - \$14,804	\$0 - \$14,804	\$14,805 - \$22,946	\$22,947 - \$29,978	\$29,979 - \$37,010	\$37,011 - \$43,302			
9	\$0 - \$16,300	\$0 - \$16,300	\$16,301 - \$25,265	\$25,266 - \$33,008	\$33,009 - \$40,750	\$40,751 - \$47,678			
10	\$0 - \$17,796	\$0 - \$17,796	\$17,797 - \$27,584	\$27,585 - \$36,037	\$36,038 - \$44,490	\$44,491 - \$52,053			
11	\$0 - \$19,292	\$0 - \$19,292	\$19,293 - \$29,903	\$29,904 - \$39,066	\$39,067 - \$48,230	\$48,231 - \$56,429			
12	\$0 - \$20,788	\$0 - \$20,788	\$20,789 - \$32,221	\$32,222 - \$42,096	\$42,097 - \$51,970	\$51,971 - \$60,805			
13	\$0 - \$22,284	\$0 - \$22,284	\$22,285 - \$34,540	\$34,541 - \$45,125	\$45,126 - \$55,710	\$55,711 - \$65,181			
14	\$0 - \$23,780	\$0 - \$23,780	\$23,781 - \$36,859	\$36,860 - \$48,155	\$48,156 - \$59,450	\$59,451 - \$69,557			
15	\$0 - \$25,276	\$0 - \$25,276	\$25,277 - \$39,178	\$39,179 - \$51,184	\$51,185 - \$63,190	\$63,191 - \$73,932			
16	\$0 - \$26,772	\$0 - \$26,772	\$26,773 - \$41,497	\$41,498 - \$54,213	\$54,214 - \$66,930	\$66,931 - \$78,308			
Poverty	40%	40%	62%	81%	100%	117%			
Level*	& Homeless	70		2.70	13070				

Family Size		Ε			F			G			Н			ı	
1	\$12,672	-	\$14,404	\$14,405	-	\$17,220	\$17,221	-	\$20,036	\$20,037	-	\$21,660	\$21,661	-	\$27,075
2	\$17,048	-	\$19,378	\$19,379	-	\$23,166	\$23,167	-	\$26,955	\$26,956	-	\$29,140	\$29,141	-	\$36,425
3	\$21,424	-	\$24,352	\$24,353	-	\$29,113	\$29,114	-	\$33,874	\$33,875	-	\$36,620	\$36,621	-	\$45,775
4	\$25,800	-	\$29,327	\$29,328	-	\$35,060	\$35,061	-	\$40,793	\$40,794	-	\$44,100	\$44,101	-	\$55,125
5	\$30,175	-	\$34,301	\$34,302	-	\$41,006	\$41,007	-	\$47,712	\$47,713	-	\$51,580	\$51,581	-	\$64,475
6	\$34,551	-	\$39,275	\$39,276	-	\$46,953	\$46,954	-	\$54,631	\$54,632	-	\$59,060	\$59,061	-	\$73,825
7	\$38,927	-	\$44,249	\$44,250	-	\$52,899	\$52,900	-	\$61,550	\$61,551	-	\$66,540	\$66,541	-	\$83,175
8	\$43,303	-	\$49,223	\$49,224	-	\$58,846	\$58,847	-	\$68,469	\$68,470	-	\$74,020	\$74,021	-	\$92,525
9	\$47,679	-	\$54,198	\$54,199	-	\$64,793	\$64,794	-	\$75,388	\$75,389	-	\$81,500	\$81,501	- 5	101,875
10	\$52,054	-	\$59,172	\$59,173	-	\$70,739	\$70,740	-	\$82,307	\$82,308	-	\$88,980	\$88,981	- 3	111,225
11	\$56,430	-	\$64,146	\$64,147	-	\$76,686	\$76,687	-	\$89,226	\$89,227	-	\$96,460	\$96,461	- 5	120,575
12	\$60,806	-	\$69,120	\$69,121	-	\$82,632	\$82,633	-	\$96,145	\$96,146	-	\$103,940	\$103,941	- 3	129,925
13	\$65,182	-	\$74,094	\$74,095	-	\$88,579	\$88,580	-	\$103,064	\$103,065	-	\$111,420	\$111,421	- 5	139,275
14	\$69,558	-	\$79,069	\$79,070	-	\$94,526	\$94,527	-	\$109,983	\$109,984	-	\$118,900	\$118,901	- 5	148,625
15	\$73,933	-	\$84,043	\$84,044	- :	\$100,472	\$100,473	-	\$116,902	\$116,903	-	\$126,380	\$126,381	- 5	157,975
16	\$78,309	-	\$89,017	\$89,018	- :	\$106,419	\$106,420	-	\$123,821	\$123,822	-	\$133,860	\$133,861	- 5	167,325
Poverty Level*	133%		159%		185%		200%			250%					

<sup>\*</sup>Percent of Federal Poverty Level which corresponds to the upper limit of income in each rating level. Rev. 1/2009